

CONTAINS NO CBI



Form Approved  
OMB No. 2010-0019  
Approval Expires 12-31-89

EPA-OTS



000622378S

90-8900 00344

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Comprehensive Assessment Information Rule

REPORTING FORM

When completed, send this form to:

Document Processing Center  
Office of Toxic Substances, TS-790  
U.S. Environmental Protection Agency  
401 M Street, SW  
Washington, DC 20460  
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: \_\_\_\_\_

Document  
Control Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]  
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. .... [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... \_\_\_\_\_

(ii) Name of mixture as listed in the rule .... \_\_\_\_\_

(iii) Trade name as listed in the rule ..... \_\_\_\_\_

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... \_\_\_\_\_

CAS No. of chemical substance ..... [ ][ ][ ][ ][ ][ ]-[ ][ ]-[ ][ ]

Name of chemical substance ..... \_\_\_\_\_

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer ..... 1

☐ Importer ..... 2

Processor ..... 3

X/P manufacturer reporting for customer who is a processor ..... 4

X/P processor reporting for customer who is a processor ..... 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI  
☐ Yes ..... ☐ Go to question 1.04  
☐ No ..... ☒ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI  
☐ Yes ..... 1  
☐ No ..... 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) ....

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI  
Trade name ..... MONOUR TD-80, LUPRINATE T-80, TDI 80-20, RUBINATE TDI

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes ..... 1

No ..... (2)

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI  
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

FRANKLIN M. SASSER, JR      Franklin M. Sasser, Jr.      6-20-89  
NAME                                      SIGNATURE                                      DATE SIGNED

SENIOR CHEMIST      (919) 378 - 9620  
TITLE                                      TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

<u>NA</u>	NAME	_____	SIGNATURE	_____	DATE SIGNED
<u>NA</u>	TITLE	_____	( )	_____	DATE OF PREVIOUS SUBMISSION
			TELEPHONE NO.	_____	

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

<u>NA</u>	NAME	_____	SIGNATURE	_____	DATE SIGNED
<u>NA</u>	TITLE	_____	( )	_____	DATE OF PREVIOUS SUBMISSION
			TELEPHONE NO.	_____	

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [0][L][Y][M][P][I][C][R][E][B][O][N][D][P][L][A][N][T][ ][ ][ ][ ][ ]

[ ] Address [1][6][0][1][Y][A][N][C][E][Y][V][I][L][L][E][S][T][R][E][E][T][ ][ ]  
Street

[G][R][E][E][N][S][B][O][R][O][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
City

[N][C][ ][2][7][4][0][5]--[ ][ ][ ][ ]  
State Zip

Dun & Bradstreet Number .....[0][0]-[3][2][1]-[3][7][9][0]

EPA ID Number .....[9][8][1][4][7][3][1][3][5]

Employer ID Number .....[5].[6][0][3][6][7][0][2][5]

Primary Standard Industrial Classification (SIC) Code .....[3][0][8][6]

Other SIC Code .....[ ][ ][ ][ ]

Other SIC Code .....[ ][ ][ ][ ]

1.10 Company Headquarters Identification

CBI Name [C][O][N][E][M][I][L][L][S][C][O][R][P][O][R][A][T][I][O][N][ ][ ][ ][ ]

[ ] Address [1][2][0][1][M][A][P][L][E][S][T][R][E][E][T][ ][ ][ ][ ][ ]  
Street

[G][R][E][E][N][S][B][O][R][O][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
City

[N][C][ ][2][7][4][0][5]--[ ][ ][ ][ ]  
State Zip

Dun & Bradstreet Number .....[0][0]-[3][2][1]-[3][7][9][0]

Employer ID Number .....[5].[6][0][3][6][7][0][2][5]

[ ] Mark (X) this box if you attach a continuation sheet.

### 1.11 Parent Company Identification

CBI    Name   [C][O][N][E]   [M][I][L][L][S]   [C][O][R][P][O][R][A][T][I][O][N]   [ ]   [ ]   [ ]

[ ] Address [1][2][0][1]-[M][A][P][L][E]-[S][T][R][E][E][T] Street

[G][R][E][E][N][S][B][O][R][O] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
City

[N][C]      [2][7][4][0][5]--[ ][ ][ ][ ]  
State                      Zip

Dun & Bradstreet Number .....[0][0]-[3][2][1]-[3][7][9][0]

## 1.12 Technical Contact

CBI Name [F][R][A][N][K][L][I][N] [M] [S][A][S][S][E][R] [J][R] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

[illegible]

Address [4][1][0][0] [P][L][E][A][S][A][N][T] [G][A][R][D][E][N] [R][O][A][D]  
Street

6 R E E N S B O R O      City

WC      27406--          
State                      Zip

Telephone Number .....[9][1][9]-[3][7][8]-[9][6][2][0]

1.13 This reporting year is from ..... 01 88 to 12 88  
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

[illegible][illegible]

NA

City

     --  
State                  Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date of Sale ..... [ ] [ ] [ ] [ ] [ ] [ ]  
Mo. Day Year

[illegible]

Telephone Number .....[ ][ ]-[ ][ ]-[ ][ ][ ]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

[illegible][illegible]

NA

City

[ ][ ]      [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]  
State                      Zip

[illegible]

Date of Purchase ..... [ ] [ ] [ ] [ ] [ ] [ ]  
Mo. Day Year

[illegible]

Telephone Number ..... [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐ Classification Quantity (kg/yr)

Manufactured .....                     

Imported .....                     

Processed (include quantity repackaged) ..... 225,600

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year .....                     

For on-site use or processing .....                     

For direct commercial distribution (including export) .....                     

In storage at the end of the reporting year .....                     

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year ..... 15,000

Processed as a reactant (chemical producer) .....                     

Processed as a formulation component (mixture producer) .....                     

Processed as an article component (article producer) ..... 225,600

Repackaged (including export) .....                     

In storage at the end of the reporting year ..... 16,000

☐ Mark (X) this box if you attach a continuation sheet.



1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

[ ]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
NA		
Total		100%

10

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending ..... [1][2] [8][7]  
Mo. Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 189,300 kg

Year ending ..... [1][2] [8][6]  
Mo. Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 156,600 kg

Year ending ..... [7][2] [8][5]  
Mo. Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 176,200 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process ..... 1  
Semicontinuous process ..... 2  
Batch process ..... 3

NA

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process ..... 1
- ☐ Semicontinuous process ..... 2
- ☐ Batch process ..... 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- ☐ Manufacturing capacity ..... NA kg/yr
- ☐ Processing capacity ..... UNKNOWN kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
<input type="checkbox"/> Amount of increase	<u>NA</u>	<u>NA</u>	<u>NA</u>
<input type="checkbox"/> Amount of decrease	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year      Average  
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured .....	<u>NA</u>	<u>NA</u>
Processed .....	<u>240</u>	<u>16</u>

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured .....	<u>NA</u>	<u>NA</u>
Processed .....	<u>NA</u>	<u>NA</u>

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured .....	<u>NA</u>	<u>NA</u>
Processed .....	<u>NA</u>	<u>NA</u>

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

LEAVE BLANK

Maximum daily inventory .....	_____	kg
Average monthly inventory .....	_____	kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity<sup>1</sup></u>	<u>Concentration (%) (specify <math>\pm</math> % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>

<sup>1</sup>Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct  
C = Coproduct  
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity <del>Manufactured,</del> <del>Imported,</del> or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
B	100	100	I

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the type of end-users:

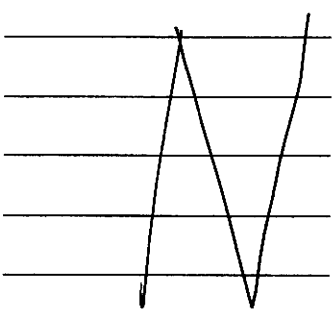
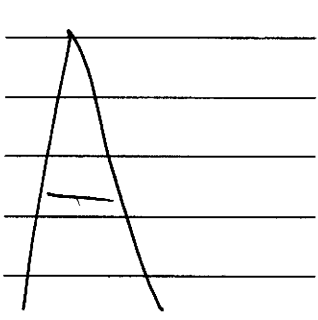
I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
			

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

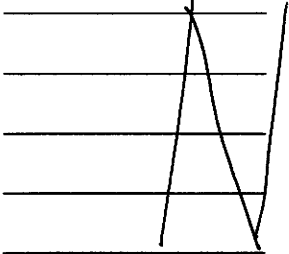
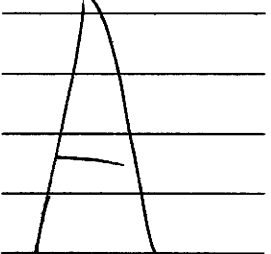
<sup>2</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type <sup>1</sup>	Final Product's Physical Form <sup>2</sup>	Average % Composition of Listed Substance in Final Product	Type of End-Users <sup>3</sup>
			

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

<sup>3</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.



2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the CBI listed substance to off-site customers.

☐ Truck ..... 1  
Railcar ..... 2  
Barge, Vessel ..... 3  
Pipeline ..... 4  
Plane ..... 5  
Other (specify) \_\_\_\_\_ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category of end use listed (i-iv).  
CBI

☐

Category of End Use

i. Industrial Products

Chemical or mixture ..... NA kg/yr  
Article ..... NA kg/yr

ii. Commercial Products

Chemical or mixture ..... NA kg/yr  
Article ..... NA kg/yr

iii. Consumer Products

Chemical or mixture ..... NA kg/yr  
Article ..... NA kg/yr

iv. Other

Distribution (excluding export) ..... NA kg/yr  
Export ..... NA kg/yr  
Quantity of substance consumed as reactant ..... NA kg/yr  
Unknown customer uses ..... NA kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

### SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

#### PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.  
CBI The average price is the market value of the product that was traded for the listed substance.

☐

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.	<u>NA</u>	<u>NA</u>
The listed substance was transferred from a different company site.	<u>NA</u>	<u>NA</u>
The listed substance was purchased directly from a manufacturer or importer.	<u>225,600</u>	<u>2.09</u>
The listed substance was purchased from a distributor or repackager.	<u>NA</u>	<u>NA</u>
The listed substance was purchased from a mixture producer.	<u>NA</u>	<u>NA</u>

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

Truck .....	1
Railcar .....	2
Barge, Vessel .....	3
Pipeline .....	4
Plane .....	5
Other (specify) _____	6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.  
CBI

☐

Bags ..... 1  
Boxes ..... 2  
Free standing tank cylinders ..... 3  
Tank rail cars ..... 4  
Hopper cars ..... 5  
Tank trucks ..... 6  
Hopper trucks ..... 7  
Drums ..... 8  
Pipeline ..... 9  
Other (specify) ..... 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders ..... NA mmHg  
Tank rail cars ..... NA mmHg  
Tank trucks ..... NA mmHg

☐ Mark (X) this box if you attach a continuation sheet.

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PART B RAW MATERIAL IN THE FORM OF A MIXTURE

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3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

CBI

☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify <math>\pm</math> % precision)</u>	<u>Amount Processed (kg/yr)</u>
MA			

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☐ Mark (X) this box if you attach a continuation sheet.

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PART C RAW MATERIAL VOLUME

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3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify $\pm$ % precision)
Class I chemical	<u>225,600</u>	<u>100</u>
	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
Class II chemical	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
Polymer	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>

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☐ Mark (X) this box if you attach a continuation sheet.

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SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

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General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

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PART A PHYSICAL/CHEMICAL DATA SUMMARY

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- 4.01 Specify the percent purity for the three major<sup>1</sup> technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	<u>NA</u> % purity	<u>NA</u> % purity	<u>100</u> % purity
Technical grade #2	<u>NA</u> % purity	<u>NA</u> % purity	<u>NA</u> % purity
Technical grade #3	<u>NA</u> % purity	<u>NA</u> % purity	<u>NA</u> % purity

---

<sup>1</sup>Major = Greatest quantity of listed substance manufactured, imported or processed.

---

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No ..... 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company ..... 1

Another source ..... (2)

---

☒ Mark (X) this box if you attach a continuation sheet. 8 PAGES ADDED

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4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes ..... 1

No ..... (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

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[ ]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	(3)	4	5
Store	1	2	(3)	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

[ ] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles  $\geq 10$  microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

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<u>Physical State</u>		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Powder	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Fiber	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Aerosol	<1 micron						
	1 to <5 microns						
	5 to <10 microns						

☐ Mark (X) this box if you attach a continuation sheet.



# MATERIAL SAFETY DATA SHEET

Mobay Corporation

A Bayer USA INC. COMPANY

Bayer



## DIVISION ADDRESS

MOBAY CORPORATION  
Polyurethane Division  
Mobay Road  
Pittsburgh, PA 15205-9741

ISSUE DATE  
SUPERSEDES

3/20/89  
1/2/89

TRANSPORTATION EMERGENCY: CALL CHEMTREC  
TELEPHONE NO: 800-424-9300; DISTRICT OF COLUMBIA: 202-483-7616

MOBAY NON-TRANSPORTATION EMERGENCY NO.:  
(412) 923-1800

## I. PRODUCT IDENTIFICATION

PRODUCT NAME.....: Mondur TD-80 (All Grades)  
PRODUCT CODE NUMBER.....: E-002  
CHEMICAL FAMILY.....: Aromatic Isocyanate  
CHEMICAL NAME.....: Toluene Diisocyanate (TDI)  
SYNONYMS.....: Benzene, 1,3-diisocyanato methyl-  
CAS NUMBER.....: 26471-62-5  
T.S.C.A. STATUS.....: This product is listed on the TSCA Inventory.  
OSHA HAZARD COMMUNICATION  
STATUS.....: This product is hazardous under the criteria of  
the Federal OSHA Hazard Communication Standard 29 CFR 1910.1200.  
CHEMICAL FORMULA.....:  $C_9H_6N_2O_2$

## II. HAZARDOUS INGREDIENTS

COMPONENTS:	%:	OSHA-PEL	ACGIH-TLV
2,4-Toluene Diisocyanate* (TDI) CAS# 584-84-9	80	0.02 ppm STEL 0.005 ppm 8HR TWA	0.005 ppm TWA 0.02 ppm STEL
2,6-Toluene Diisocyanate* (TDI) CAS# 91-08-7	20	Not Established	Not Established

\*For Section 302 and 313 SARA information refer to Page 6, Section IX, SARA.

## III. PHYSICAL DATA

APPEARANCE.....: Liquid  
COLOR.....: Water white to pale yellow  
ODOR.....: Sharp, pungent  
ODOR THRESHOLD.....: Greater than TLV of 0.005 ppm  
MOLECULAR WEIGHT.....: 174  
MELT POINT/FREEZE POINT....: Approx. 55°F (13°C) for TDI  
BOILING POINT.....: Approx. 484°F (251°C) for TDI  
VAPOR PRESSURE.....: Approx. 0.025 mmHg @ 77°F (25°C) for TDI  
VAPOR DENSITY (AIR=1).....: 6.0 for TDI  
pH.....: Not Applicable  
SPECIFIC GRAVITY.....: 1.22 @ 77°F (25°C)  
BULK DENSITY.....: 10.18 lbs/gal  
SOLUBILITY IN WATER.....: Not Soluble. Reacts slowly with water at normal  
room temperature to liberate CO<sub>2</sub> gas.  
% VOLATILE BY VOLUME.....: Negligible

Product Code: E-002

Page 1 of 8

#### IV. FIRE & EXPLOSION DATA

FLASH POINT  $^{\circ}\text{F}(^{\circ}\text{C})$ .....: 260 $^{\circ}\text{F}$  (127 $^{\circ}\text{C}$ ) Pensky-Martens Closed Cup  
FLAMMABLE LIMITS -

Le1.....: 0.9%

Uel.....: 9.5%

EXTINGUISHING MEDIA.....: Dry chemical (e.g. monoammonium phosphate, potassium sulfate, and potassium chloride), carbon dioxide, high expansion (proteinic) chemical foam, water spray for large fires. Caution: Reaction between water or foam and hot TDI can be vigorous.

#### SPECIAL FIRE FIGHTING PROCEDURES/UNUSUAL FIRE OR EXPLOSION HAZARDS:

Full emergency equipment with self-contained breathing apparatus and full protective clothing (such as rubber gloves, boots, bands around legs, arms and waist) should be worn by fire fighters. No skin surface should be exposed. During a fire, TDI vapors and other irritating, highly toxic gases may be generated by thermal decomposition or combustion. (See Section VIII). At temperatures greater than 350 $^{\circ}\text{F}$  (177 $^{\circ}\text{C}$ ) TDI forms carbodiimides with the release of  $\text{CO}_2$ , which can cause pressure build-up in closed containers. Explosive rupture is possible. Therefore, use cold water to cool fire-exposed containers.

#### V. HUMAN HEALTH DATA

##### PRIMARY ROUTE(S) OF

ENTRY.....: Inhalation. Skin contact from liquid, vapors or aerosols.

##### EFFECTS AND SYMPTOMS OF OVEREXPOSURE

###### INHALATION

Acute Exposure. TDI vapors or mist at concentrations above the TLV can irritate (burning sensation) the mucous membranes in the respiratory tract (nose, throat, lungs) causing runny nose, sore throat, coughing, chest discomfort, shortness of breath and reduced lung function (breathing obstruction). Persons with a preexisting, nonspecific bronchial hyperreactivity can respond to concentrations below the TLV with similar symptoms as well as asthma attack. Exposure well above the TLV may lead to bronchitis, bronchial spasm and pulmonary edema (fluid in lungs). These effects are usually reversible. Chemical or hypersensitive pneumonitis, with flu-like symptoms (e.g., fever, chills), has also been reported. These symptoms can be delayed up to several hours after exposure.

Chronic Exposure. As a result of previous repeated overexposures or a single large dose, certain individuals may develop isocyanate sensitization (chemical asthma) which will cause them to react to a later exposure to isocyanate at levels well below the TLV. These symptoms, which can include chest tightness, wheezing, cough, shortness of breath or asthmatic attack, could be immediate or delayed up to several hours after exposure. Similar to many non-specific asthmatic responses, there are reports that once sensitized an individual can experience these symptoms upon exposure to dust, cold air or other irritants. This increased lung sensitivity can persist for weeks and in severe cases for several years. Chronic overexposure to isocyanate has also been reported to cause lung damage (including decrease in lung function) which may be permanent. Sensitization can either be temporary or permanent.

## V. HUMAN HEALTH DATA (Continued)

### SKIN CONTACT

Acute Exposure. Isocyanates react with skin protein and moisture and can cause irritation which may include the following symptoms: reddening, swelling, rash, scaling or blistering. Cured material is difficult to remove.

Chronic Exposure. Prolonged contact can cause reddening, swelling, rash, scaling, blistering, and, in some cases, skin sensitization. Individuals who have developed a skin sensitization can develop these symptoms as a result of contact with very small amounts of liquid material or as a result of exposure to vapor.

### EYE CONTACT

Acute Exposure. Liquid, aerosols or vapors are severely irritating and can cause pain, tearing, reddening and swelling. If left untreated, corneal damage can occur and injury is slow to heal. However, damage is usually reversible. See Section VI for treatment.

Chronic Exposure. Prolonged vapor contact may cause conjunctivitis.

### INGESTION

Acute Exposure. Can result in irritation and corrosive action in the mouth, stomach tissue and digestive tract. Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhea.

Chronic Exposure. None Found

### MEDICAL CONDITIONS

AGGRAVATED BY EXPOSURE... Asthma, other respiratory disorders (bronchitis, emphysema, bronchial hyperreactivity), skin allergies, eczema.

CARCINOGENICITY..... No carcinogenic activity was observed in lifetime inhalation studies in rats and mice (International Isocyanate Institute).

NTP..... The National Toxicology Program reported that TDI caused an increase in the number of tumors in exposed rats over those counted in non-exposed rats. The TDI was administered in corn-oil and introduced into the stomach through a tube. Based on this study, the NTP has listed TDI as a substance that may reasonably be anticipated to be a carcinogen in its Fourth Annual Report on Carcinogens.

IARC..... IARC has announced that it will list TDI as a substance for which there is sufficient evidence for its carcinogenicity in experimental animals but inadequate evidence for the carcinogenicity of TDI to humans (IARC Monograph 39).

OSHA..... Not listed.

### EXPOSURE LIMITS

OSHA PEL..... 0.02 ppm STEL/0.005 ppm 8HR TWA for 2,4'-TDI

ACGIH TLV..... 0.005 ppm TWA/0.02 ppm STEL

## VI. EMERGENCY & FIRST AID PROCEDURES

EYE CONTACT..... Flush with copious amounts of water, preferably lukewarm for at least 15 minutes holding eyelids open all the time. Refer individual to physician or an ophthalmologist for immediate follow-up.

## VI. EMERGENCY & FIRST AID PROCEDURE (Continued)

**SKIN CONTACT**.....: Remove contaminated clothing immediately. Wash affected areas thoroughly with soap and water for at least 15 minutes. Tincture of green soap and water is also effective in removing isocyanates. Wash contaminated clothing thoroughly before reuse. For severe exposures, get under safety shower after removing clothing, then get medical attention. For lesser exposures, seek medical attention if irritation develops or persists after the area is washed.

**INHALATION**.....: Move to an area free from risk of further exposure. Administer oxygen or artificial respiration as needed. Obtain medical attention. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Consult physician.

**INGESTION**.....: Do not induce vomiting. Give 1 to 2 cups of milk or water to drink. **DO NOT GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.** Consult physician.

**NOTE TO PHYSICIAN**.....: Eyes. Stain for evidence of corneal injury. If cornea is burned, instill antibiotic steroid preparation frequently. Workplace vapors have produced reversible corneal epithelial edema impairing vision. Skin. This compound is a known skin sensitizer. Treat symptomatically as for contact dermatitis or thermal burns. Ingestion. Treat symptomatically. There is no specific antidote. Inducing vomiting is contraindicated because of the irritating nature of this compound. Respiratory. This compound is a known pulmonary sensitizer. Treatment is essentially symptomatic. An individual having a skin or pulmonary sensitization reaction to this material should be removed from exposure to any isocyanate.

## VII. EMPLOYEE PROTECTION RECOMMENDATIONS

**EYE PROTECTION**.....: Liquid chemical goggles or full-face shield. Contact lenses should not be worn. If vapor exposure is causing irritation, use a full-face, air-supplied respirator.

**SKIN PROTECTION**.....: Chemical resistant gloves (butyl rubber, nitrile rubber, polyvinyl alcohol). However, please note that PVA degrades in water. Cover as much of the exposed skin area as possible with appropriate clothing. If skin creams are used, keep the area covered only by the cream to a minimum.

**RESPIRATORY PROTECTION**....: An approved positive pressure air-supplied respirator is required whenever TDI concentrations are not known or exceed the Short-Term Exposure or Ceiling Limit of 0.02 ppm or exceed the 8-hour Time Weighted Average TLV of 0.005 ppm. An approved air-supplied respirator with full facepiece must also be worn during spray application, even if exhaust ventilation is used. For emergency and other conditions where the exposure limits may be greatly exceeded, use an approved, positive pressure self-contained breathing apparatus. TDI has poor warning properties since the odor at which TDI can be smelled is substantially higher than 0.02 ppm. Observe OSHA regulations for respirator use (29 CFR 1910.134).

## VII. EMPLOYEE PROTECTION RECOMMENDATIONS (Continued)

**VENTILATION.....:** Local exhaust should be used to maintain levels below the TLV whenever TDI is handled, processed, or spray-applied. At normal room temperatures (70°F) TDI levels quickly exceed the TLV unless properly ventilated. Standard reference sources regarding industrial ventilation (e.g., ACGIH Industrial Ventilation) should be consulted for guidance about adequate ventilation.

**MONITORING.....:** TDI exposure levels must be monitored by accepted monitoring techniques to ensure that the TLV is not exceeded. (Contact Mobay for guidance). See Volume 1 (Chapter 17) and Volume 3 (Chapter 3) in Patty's Industrial Hygiene and Toxicology for sampling strategy.

**MEDICAL SURVEILLANCE.....:** Medical supervision of all employees who handle or come in contact with TDI is recommended. These should include preemployment and periodic medical examinations with respiratory function tests (FEV, FVC as a minimum). Persons with asthmatic-type conditions, chronic bronchitis, other chronic respiratory diseases or recurrent skin eczema or sensitization should be excluded from working with TDI. Once a person is diagnosed as sensitized to TDI, no further exposure can be permitted.

**OTHER.....:** Safety showers and eyewash stations should be available. Educate and train employees in safe use of product. Follow all label instructions.

## VIII. REACTIVITY DATA

**STABILITY.....:** Stable under normal conditions.

**POLYMERIZATION.....:** May occur if in contact with moisture or other materials which react with isocyanates. Self-reaction may occur at temperatures over 350°F (177°C) or at lower temperatures if sufficient time is involved. See Section IV.

### **INCOMPATIBILITY**

**(MATERIALS TO AVOID).....:** Water, amines, strong bases, alcohols. Will cause some corrosion to copper alloys and aluminum. Reacts with water to form heat, CO<sub>2</sub> and insoluble ureas.

### **HAZARDOUS DECOMPOSITION**

**PRODUCTS.....:** By high heat and fire: carbon monoxide, oxides of nitrogen, traces of HCN, TDI vapors and mist.

## IX. SPILL OR LEAK PROCEDURES

**STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:** Evacuate and ventilate spill area; dike spill to prevent entry into water system; wear full protective equipment, including respiratory equipment during clean-up. (See Section VII).

**Major Spill:** Call Mobay at 412/923-1800. If transportation spill, call CHEMTREC 800/424-9300. If temporary control of isocyanate vapor is required, a blanket of protein foam (available at most fire departments) may be placed over the spill. Large quantities may be pumped into closed, but not sealed, container for disposal.

## **IX. SPILL OR LEAK PROCEDURES (Continued)**

**Minor Spill:** Absorb isocyanate with sawdust or other absorbent, shovel into suitable unsealed containers, transport to well-ventilated area (outside) and treat with neutralizing solution: mixture of water (80%) with non-ionic surfactant Tergitol TMN-10 (20%), or; water (90%), concentrated ammonia (3-8%) and detergent (2%). Add about 10 parts or neutralizer per part of isocyanate, with mixing. Allow to stand uncovered for 48 hours to let CO<sub>2</sub> escape.

**Clean-up:** Decontaminate floor with decontamination solution letting stand for at least 15 minutes.

**CERCLA (SUPERFUND) REPORTABLE QUANTITY:** 100 pounds for TDI

**WASTE DISPOSAL METHOD.....:** Follow all federal, state or local regulations. TDI must be disposed of in a permitted incinerator or landfill. Incineration is the preferred method for liquids. Solids are usually incinerated or landfilled. Empty containers must be handled with care due to product residue. Decontaminate containers prior to disposal. Empty decontaminated containers should be crushed to prevent reuse. DO NOT HEAT OR CUT EMPTY CONTAINER WITH ELECTRIC OR GAS TORCH. (See Sections IV and VIII). Vapors and gases may be highly toxic.

**RCRA STATUS.....:** TDI is listed as a hazardous waste (No. U-223) under Title 40 Code of Federal Regulations, Section 261.33 (f). The residue from decontaminating a TDI spill is also classified as a hazardous waste under Section 261.3 (c)(2) or RCRA.

**SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT (SARA), TITLE III:**

Section 302 - Extremely Hazardous Substances: 2,4-Toluene Diisocyanate (TDI)  
CAS# 584-84-9 = 80%

2,6-Toluene Diisocyanate (TDI)  
CAS# 91-08-7 = 20%

Section 313 - Toxic Chemicals: 2,4-Toluene Diisocyanate (TDI)  
CAS# 584-84-9 = 80%  
2,6-Toluene Diisocyanate (TDI)  
CAS# 91-08-7 = 20%

## **X. SPECIAL PRECAUTIONS & STORAGE DATA**

### **STORAGE TEMPERATURE**

(MIN./MAX.).....: 70°F (21°C)/90°F (32°C)

**AVERAGE SHELF LIFE.....:** 12 months

### **SPECIAL SENSITIVITY**

(HEAT, LIGHT, MOISTURE): If container is exposed to high heat, 375°F (177°C) it can be pressurized and possibly rupture. TDI reacts slowly with water to form polyureas and liberates CO<sub>2</sub> gas. This gas can cause sealed containers to expand and possibly rupture.

### **PRECAUTIONS TO BE TAKEN**

**IN HANDLING AND STORING:** Store in tightly closed containers to prevent moisture contamination. Do not reseal if contamination is suspected. Prevent all contact. Do not breathe the vapors. Warning properties (irritation of the eyes, nose and throat or odor) are not adequate to prevent chronic overexposure from inhalation. This material can produce asthmatic sensitization upon either single inhalation exposure to a relatively high concentration or upon repeated inhalation exposures to lower concentrations. Exposure to vapors of heated TDI can be extremely dangerous. Employee education and training in safe handling of this product are required under the OSHA Hazard Communication Standard.

## XI. SHIPPING DATA

D.O.T. SHIPPING NAME.....: Toluene Diisocyanate  
TECHNICAL SHIPPING NAME...: Toluene Diisocyanate (TDI)  
D.O.T. HAZARD CLASS.....: Poison B  
UN/NA NO.....: UN 2078  
PRODUCT RQ.....: 100 pounds  
D.O.T. LABELS.....: Poison  
D.O.T. PLACARDS.....: Poison  
FRT. CLASS BULK.....: Toluene Diisocyanate  
FRT. CLASS PKG.....: Chemicals, NOI (Toluene Diisocyanate) NMFC 60000  
PRODUCT LABEL.....: Mondur TD-80 Product Label

## XII. ANIMAL TOXICITY DATA

### **ACUTE TOXICITY**

ORAL, LD50.....: Range of 4130-6170 mg/kg (Rats and Mice)  
DERMAL, LD50.....: Greater than 10,000 mg/kg (Rabbits)  
INHALATION, LC50.(4 hr):. Range of 16-50 ppm (Rat), 10 ppm (Mouse),  
11 ppm (Rabbit), 13 ppm (Guinea Pig).  
EYE EFFECTS.....: Severe eye irritant capable of inducing corneal opacity.

SKIN EFFECTS.....: Moderate skin irritant. Primary dermal irritation score: 4.12/8.0 (Draize). However, repeated or prolonged contact may culminate in severe skin irritation and/or corrosion.

SENSITIZATION.....: Skin sensitizer in guinea pigs. One study using guinea pigs reported that repeated skin contact with TDI caused respiratory sensitization. Although poorly defined in experimental animal models, TDI is known to be a pulmonary sensitizer in humans. In addition, there is some evidence that cross-sensitization between different types of diisocyanates may occur.

SUB-CHRONIC/CHRONIC TOXICITY: Sub-chronic and chronic animal studies show that the primary effects of inhaling vapors and/or aerosols of TDI are restricted to the pulmonary systems. Emphysema, pulmonary edema, pneumonitis and rhinitis are common pathologic effects. Extended exposures to as low as 0.1 ppm TDI have induces pulmonary inflammation.

### **OTHER**

CARCINOGENICITY.....: The NTP conducted carcinogenesis studies of a commercial grade TDI using rats and mice in which the test material was diluted in corn oil and administered by gavage. The investigators concluded that TDI was carcinogenic in male and female rats (fibrosarcomas, pancreatic adenomas, neoplastic liver nodules and mammary gland fibrosarcomas) and female mice (hemangiosarcomas and hepatocellular adenomas). However, chronic inhalation studies in which rats and mice were exposed to 0.05 and 0.15 ppm TDI (10-30 times recommended TLV, 8-hr level) induced no treatment-related tumorigenic effects. In these studies, both exposure levels produced extensive irritation to the nasal passages and upper respiratory system of the test animals indicating that suitable effective exposures were administered.

## XII. ANIMAL TOXICITY DATA (Continued)

**MUTAGENICITY.....:** TDI is positive in the Ames assay with activation. However, mammalian cell transformation assays using human lung cells and Syrian hamster kidney cells were negative, as were micronucleus tests using rats and mice.

**TERATOGENICITY.....:** Rats were exposed to an 80:20 mixture of 2,4- and 2,6- toluene diisocyanate vapor at analytical concentrations of 0.021, 0.12 and 0.48 ppm. Minimal fetotoxicity was observed at a maternally toxic concentrations of 0.48 ppm. The NOEL for maternal and developmental toxicity was 0.12 ppm. No embryotoxicity or teratogenicity was observed.

**AQUATIC TOXICITY.....:** LC<sub>50</sub> - 96 hr (static): 165 mg/liter (Fathead minnow)  
LC<sub>50</sub> - 96 hr (static): Greater than 508 mg/liter (Grass shrimp)  
LC<sub>50</sub> - 24 hr (static): Greater than 500 mg/liter (Daphnia magna)

## XIII. APPROVALS

**REASON FOR ISSUE.....:** Revising TLV in Sections II and V  
**PREPARED BY.....:** G. L. Copeland  
**APPROVED BY.....:** J. H. Chapman  
**TITLE.....:** Manager, Product Safety - Polyurethane & Coatings



SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) .... (1/M cm) at \_\_\_\_\_ nm

Reaction quantum yield,  $\phi$  ..... at \_\_\_\_\_ nm

Direct photolysis rate constant,  $k_p$ , at ... 1/hr \_\_\_\_\_ latitude

b. Oxidation constants at 25°C:

For  $^1O_2$  (singlet oxygen),  $k_{ox}$  ..... 1/M hr

For  $RO_2$  (peroxy radical),  $k_{ox}$  ..... 1/M hr

c. Five-day biochemical oxygen demand,  $BOD_5$  ... mg/l

d. Biotransformation rate constant

For bacterial transformation in water,  $k_b$  ... 1/hr

Specify culture .....

e. Hydrolysis rate constants:

For base-promoted process,  $k_B$  ..... 1/M hr

For acid-promoted process,  $k_A$  ..... 1/M hr

For neutral process,  $k_N$  ..... 1/hr

f. Chemical reduction rate (specify conditions) \_\_\_\_\_

g. Other (such as spontaneous degradation) ... \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	
Atmosphere	
Surface water	
Soil	

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
			in
			in
			in
			in

5.03 Specify the octanol-water partition coefficient,  $K_{ow}$  ... at 25°C  
Method of calculation or determination .....

5.04 Specify the soil-water partition coefficient,  $K_d$  ..... at 25°C  
Soil type .....

5.05 Specify the organic carbon-water partition coefficient,  $K_{oc}$  ..... at 25°C

5.06 Specify the Henry's Law Constant,  $H$  ..... atm-m<sup>3</sup>/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor

Species

Test<sup>1</sup>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>Use the following codes to designate the type of test:

F = Flowthrough

S = Static

UNKNOWN

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

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<u>Substitute</u>	<u>Cost (\$/kg)</u>
UNKNOWN	

☐ Mark (X) this box if you attach a continuation sheet.

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SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

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General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

---

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

---

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type ..... BATCH (REBOND FOAM CARPET PAD MANUFACTURING)

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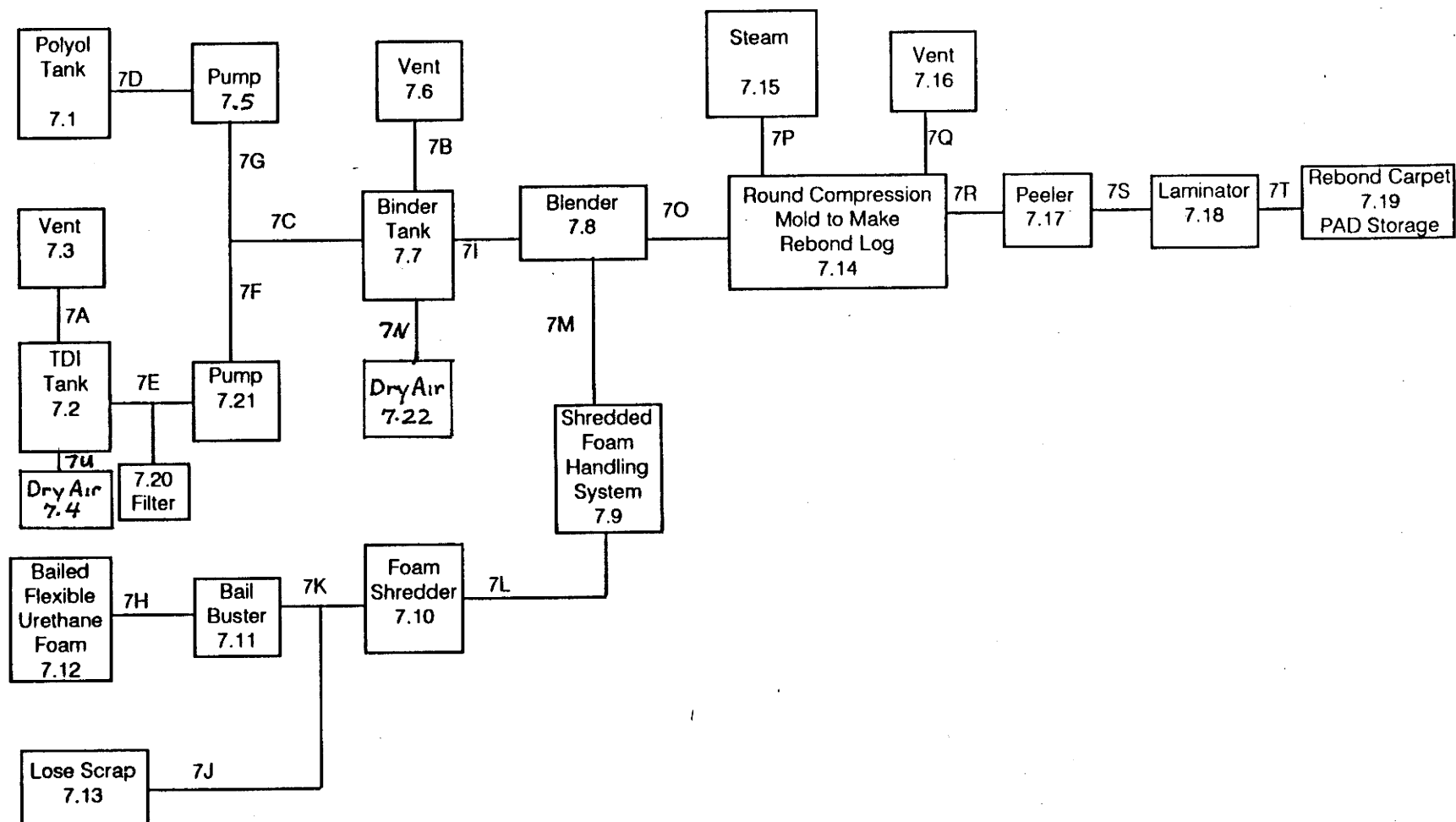
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## 7.01 PROCESSOR

Process Type: Rebond Carpet PAD Manufacturing Process

Intermediates: Prepolymer Containing TDI Used to Glue Scrap Foam into Rebond Log



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7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

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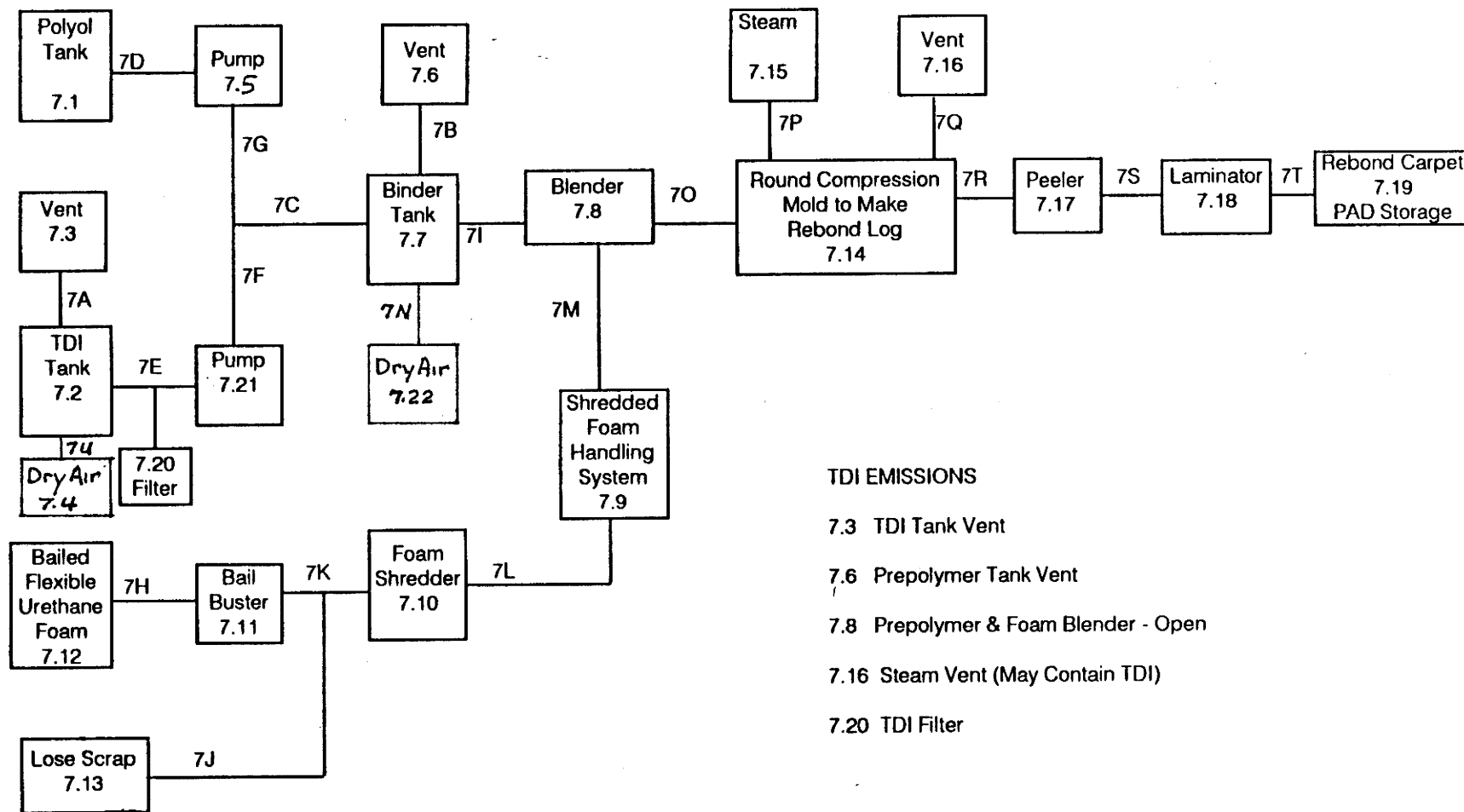
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### 7.03 EMISSIONS

**Process Type:** Rebond Foam Carpet PAD Manufacturing Process

**Intermediates:** Prepolymer Containing TDI Used to Glue Scrap Foam into Rebond Log



#### TDI EMISSIONS

7.3 TDI Tank Vent

7.6 Prepolymer Tank Vent

7.8 Prepolymer & Foam Blender - Open

7.16 Steam Vent (May Contain TDI)

7.20 TDI Filter



7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.2</u>	<u>TDI STORAGE</u>	<u>20</u>	<u>925</u>	<u>STEEL</u>
<u>7.3</u>	<u>PRESS. RELIEF VENT</u>	<u>20</u>	<u>1280</u>	<u>STEEL</u>
<u>7.4</u>	<u>STORAGE TANK</u>	<u>20</u>	<u>6500</u>	<u>STEEL</u>
<u>7.20</u>	<u>MESH STRAINER</u>	<u>20</u>	<u>925</u>	<u>STEEL</u>
<u>7.21</u>	<u>PISTON PUMP</u>	<u>20</u>	<u>35,000</u>	<u>STEEL</u>
<u>7.7</u>	<u>BINDER TANK</u>	<u>20</u>	<u>1000</u>	<u>STEEL</u>
<u>7.6</u>	<u>PRESS. RELIEF VENT</u>	<u>20</u>	<u>1050</u>	<u>STEEL</u>
<u>7.8</u>	<u>SCREW BLENDER</u>	<u>20</u>	<u>760</u>	<u>STEEL</u>
<u>7.14</u>	<u>LOG MOLD</u>	<u>100</u>	<u>760</u>	<u>STEEL</u>
<u>7.15</u>	<u>BOILER</u>	<u>125</u>	<u>1500</u>	<u>STEEL</u>
<u>7.16</u>	<u>STEAM VENT FAN</u>	<u>100</u>	<u>760</u>	<u>STEEL</u>

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

Process Stream ID Code	Process Stream Description	Physical State <sup>1</sup>	Stream Flow (kg/yr)
<u>7D, 7G</u>	<u>POLYOL</u>	<u>OL</u>	<u>152,000</u>
<u>7E, 7F</u>	<u>TOLUENE DIISOCYANATE</u>	<u>OL</u>	<u>225,600</u>
<u>7M</u>	<u>SHREDDED FOAM</u>	<u>SO</u>	<u>975,000</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)  
 GU = Gas (uncondensable at ambient temperature and pressure)  
 SO = Solid  
 SY = Sludge or slurry  
 AL = Aqueous liquid  
 OL = Organic liquid  
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

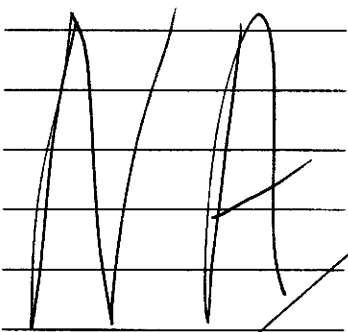
a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds <sup>1</sup>	Concentrations <sup>2,3</sup> (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>7D</u>	<u>Polyol</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>7E</u>	<u>TOLUENE DIISOCYANATE</u>	<u>99.95%</u>	<u>HYDROLYZABLE CHLORIDE</u>	<u>0.05%</u>

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

## 7.06 (continued)

<sup>1</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

<sup>2</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result

**E = Engineering judgement/calculation**

<sup>3</sup>Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

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SECTION 8 RESIDUAL TREATMENT GENERATION, CHARACTERIZATION, TRANSPORTATION, AND  
MANAGEMENT

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General Instructions:

For questions 8.04-8.06, provide a separate response for each residual treatment block flow diagram provided in question 8.01, 8.02 or 8.03. Identify the process type from which the information is extracted.

For questions 8.05-8.33, the Stream Identification Codes are those process streams listed in either the Section 7 or Section 8 block flow diagrams which contain residuals for each applicable waste management method.

For questions 8.07-8.33, if residuals are combined before they are handled, list those Stream Identification Codes on the same line.

Questions 8.09-8.33 refer to the waste management activities involving the residuals identified in either the Section 7 or Section 8 block flow diagrams. Not all Stream Identification Codes used in the sample answers (e.g., for the incinerator questions) have corresponding process streams identified in the block flow diagram(s). These Stream Identification codes are for illustrative purposes only.

For questions 8.11-8.33, if you have provided the information requested on one of the EPA Office of Solid Waste surveys listed below within the three years prior to your reporting year, you may submit a copy or reasonable facsimile in lieu of answering those questions which the survey addresses. The applicable surveys are: (1) Hazardous Waste Treatment, Storage, Disposal, and Recycling Survey; (2) Hazardous Waste Generator Survey; or (3) Subtitle D Industrial Facility Mail Survey.

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☐ Mark (X) this box if you attach a continuation sheet.

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PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

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8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

NA

---

☐ Mark (X) this box if you attach a continuation sheet.

---

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

<sup>1</sup>Use the following codes to designate the type of hazardous waste:

I = Ignitable  
C = Corrosive  
R = Reactive  
E = EP toxic  
T = Toxic  
H = Acutely hazardous

<sup>2</sup>Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)  
GU = Gas (uncondensable at ambient temperature and pressure)  
SO = Solid  
SY = Sludge or slurry  
AL = Aqueous liquid  
OL = Organic liquid  
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

N/A

☐ Mark (X) this box if you attach a continuation sheet.



8.05 (continued)

<sup>3</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

<sup>4</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

<sup>5</sup>Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

<sup>6</sup>Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		
<u>6</u>		

NA

☐ Mark (X) this box if you attach a continuation sheet.

**CBI**

<sup>2</sup>Use the codes provided in Exhibit 8-2 to designate the management methods

58

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1  
No ..... 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Air Pollution Control Device <sup>1</sup>	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1  
No ..... 2

<sup>1</sup>Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)  
E = Electrostatic precipitator  
O = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

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## SECTION 9 WORKER EXPOSURE

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### General Instructions:

Questions 9.03-9.25 apply only to those processes and workers involved in manufacturing or processing the listed substance. Do not include workers involved in residual waste treatment unless they are involved in this treatment process on a regular basis (i.e., exclude maintenance workers, construction workers, etc.).

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☐ Mark (X) this box if you attach a continuation sheet.

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PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Age at hire	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Work history of individual before employment at your facility	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Sex	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Race	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Job titles	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Start date for each job title	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
End date for each job title	<u>X</u>	<u>X</u>	<u>NA</u>	<u>10</u>
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>1985</u>	<u>30YRS AFTER TERM.</u>
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>1985</u>	<u>30YRS AFTER TERM.</u>
Employee medical history	<u>X</u>	<u>X</u>	<u>1985</u>	<u>30YRS AFTER TERM.</u>
Employee smoking history	<u>X</u>	<u>X</u>	<u>1985</u>	<u>30YRS AFTER TERM.</u>
Accident history	<u>X</u>	<u>X</u>	<u>1985</u>	<u>5</u>
Retirement date	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Termination date	<u>X</u>	<u>X</u>	<u>1985</u>	<u>10</u>
Vital status of retirees	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Cause of death data	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Controlled Release	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Open	<u>NA</u>	<u>NA</u>	<u>NA</u>
On-site use as reactant	Enclosed	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Controlled Release	<u>225,600</u>	<u>10</u>	<u>20000</u>
	Open	<u>NA</u>	<u>NA</u>	<u>NA</u>
On-site use as nonreactant	Enclosed	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Controlled Release	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Open	<u>NA</u>	<u>NA</u>	<u>NA</u>
On-site preparation of products	Enclosed	<u>225,600</u>	<u>1</u>	<u>2,000</u>
	Controlled Release	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Open	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

MOLDER

B

MOLDER LEADER

C

MOLD HELPER

D

MOLDING SUPERVISOR

E

FORK LIFT OPERATOR

F

CHEMICAL MIXER

G

H

I

J

☐ Mark (X) this box if you attach a continuation sheet.



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9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

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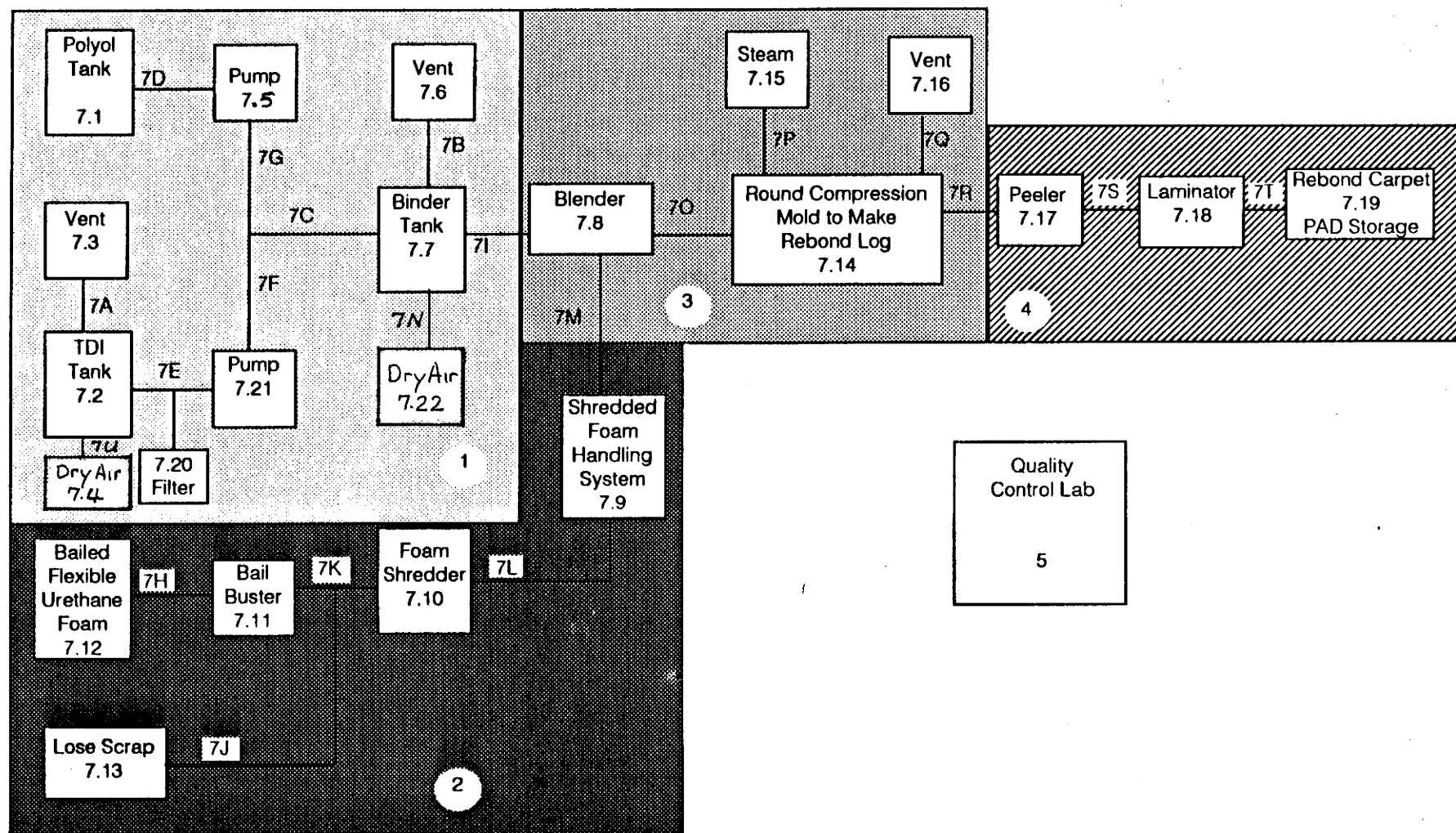
☒ Mark (X) this box if you attach a continuation sheet.

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9.04

Process Type: Rebond Carpet PAD Manufacturing Process

Intermediates: Prepolymer Containing TDI Used to Glue Scrap Foam into Rebond Log



9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

Work Area ID

Description of Work Areas and Worker Activities

1

CHEMICAL STORAGE & BINDER MANUFACTURING

2

NA

3

BLEND & MOLDING AREA - OPERATE CONTROL - HANDLE LOGS

4

NA

5

QUALITY CONTROL LAB - PHYSICAL TESTING

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type ..... REBOND CARPET PAD MANUFACTURING  
 Work area ..... BINDER & MOLDING MANUFACTURING

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance <sup>1</sup>	Average Length of Exposure Per Day <sup>2</sup>	Number of Days per Year Exposed
<u>A, B, C, D, F</u>	<u>5</u>	<u>DIRECT SKIN CONTACT</u> <u>INHALATION</u>	<u>OL, GU</u>	<u>E</u>	<u>240</u>
<u>E</u>	<u>1</u>	<u>INHALATION</u>	<u>GU</u>	<u>E</u>	<u>240</u>

<sup>1</sup>Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)	SY = Sludge or slurry
GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)	AL = Aqueous liquid
SO = Solid	OL = Organic liquid
	IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

<sup>2</sup>Use the following codes to designate average length of exposure per day:

A = 15 minutes or less	D = Greater than 2 hours, but not exceeding 4 hours
B = Greater than 15 minutes, but not exceeding 1 hour	E = Greater than 4 hours, but not exceeding 8 hours
C = Greater than one hour, but not exceeding 2 hours	F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... REBOND CARPET PAD MANUFACTURING  
 Work area ..... BINDER & MOLDING MANUFACTURING

Labor Category	8-hour TWA Exposure Level (ppm, mg/m <sup>3</sup> , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m <sup>3</sup> , other-specify)
<u>A</u>	<u>0.020 ppm</u>	<u>0.041 ppm</u>
<u>E</u>	<u>0.002 ppm</u>	<u>0.003 ppm</u>

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples <sup>1</sup>	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	1,3	1	4	A	Y	COLLECTED 1986 TO PRESENT & MAINTAINED 30yrs +
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

<sup>1</sup>Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

☐ Sample Type Sampling and Analytical Methodology

PERSONAL BREATHING ZONE OSHA METHOD 42 : GLASS FIBER FILTER COATED WITH  
0.1 MG 1-(2-PYRIDYL)-PIPERAZINE (OPEN FACE CASSETTE);  
PERSONAL SAMPLING PUMP OPERATING AT 1.0 LPM  
ANALYZED BY HIGH PERFORMANCE LIQUID CHROMATOGRAPHY  
(HPLC) USING AN ULTRAVIOLET DETECTOR

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

<input type="checkbox"/>	Equipment Type <sup>1</sup>	Detection Limit <sup>2</sup>	Manufacturer	Averaging Time (hr)	Model Number
	<u>D</u>	<u>0.0002 A</u>	<u>DUPONT PUMP</u>	<u>0.5</u>	<u>P2500</u>

<sup>1</sup>Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter

B = Detector tube

C = Charcoal filtration tube with pump

(D) Other (specify) COATED GLASS FIBER FILTER WITH PUMP

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area

F = Stationary monitors located within facility

G = Stationary monitors located at plant boundary

H = Mobile monitoring equipment (specify) \_\_\_\_\_

I = Other (specify) \_\_\_\_\_

<sup>2</sup>Use the following codes to designate detection limit units:

(A) = ppm

B = Fibers/cubic centimeter (f/cc)

C = Micrograms/cubic meter ( $\mu\text{m}^3$ )

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency  
(weekly, monthly, yearly, etc.)

① CHEMICAL EXPOSURE MEDICAL UPDATE AND  
QUESTIONNAIRE, PULMONARY FUNCTION TESTS

YEARLY

② CHEST X-RAY

YEARLY - 50 YRS OR SMOKER; EVERY  
5 YRS. OTHERWISE

③ COMPLETE BLOOD COUNT & DIFFERENTIAL

EVERY 2 YEARS

☐ Mark (X) this box if you attach a continuation sheet.



PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING  
Work area ..... BINDER & MOLDING MANUFACT.

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:				
Local exhaust	<u>Y</u>	<u>1985</u>	<u>N</u>	<u>NA</u>
General dilution	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Other (specify)	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Vessel emission controls	<u>Y</u>	<u>1985</u>	<u>N</u>	<u>N/A</u>
Mechanical loading or packaging equipment	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Other (specify)	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... \_\_\_\_\_

Work area ..... \_\_\_\_\_

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NA

☐ Mark (X) this box if you attach a continuation sheet.

---

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

---

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING  
Work area ..... BINDER & MOLDING MANUFACTURING

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>Y</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

---

☐ Mark (X) this box if you attach a continuation sheet.

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9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

Work Area	Respirator Type	Average Usage <sup>1</sup>	Fit Tested (Y/N)	Type of Fit Test <sup>2</sup>	Frequency of Fit Tests (per year)
<u>1</u>	<u>SUPPLIED AIR - POSITIVE PRESS.</u>	<u>C</u>	<u>D</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate average usage:

A = Daily  
 B = Weekly  
 C = Monthly  
 D = Once a year  
 E = Other (specify) \_\_\_\_\_

<sup>2</sup>Use the following codes to designate the type of fit test:

QL = Qualitative  
 QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

9.16 Respirator Maintenance Program -- For each type of respirator used when working with the listed substance, specify the frequency of the maintenance activity, and the person who performs the maintenance activity. Photocopy this question and complete it separately for each respirator type.

Respirator type ..... SUPPLIED AIR

<u>Respirator Maintenance Activity</u>	<u>Frequency<sup>1</sup></u>	<u>Person Performing Activity<sup>2</sup></u>
Cleaning	<u>A</u>	<u>B</u>
Inspection	<u>A</u>	<u>B</u>
Replacement		
Cartridge/Canister	<u>                    </u>	<u>                    </u>
Respirator unit	<u>                    </u>	<u>                    </u>

<sup>1</sup>Use the following codes to designate the frequency of maintenance activity:

A = After each use  
 B = Weekly  
 C = Other (specify)                                     

<sup>2</sup>Use the following codes to designate who performs the maintenance activity:

A = Plant industrial hygienist  
 B = Supervisor  
 C = Foreman  
 D = Other (specify)                                     

☐ Mark (X) this box if you attach a continuation sheet.

9.17 Respirator Training Program -- Describe your respirator training and re-training programs for each type of respirator used when working with the listed substance. Photocopy this question and complete it separately for each respirator type.

a.

Respirator type ..... SUPPLIED AIR

Type of Training <sup>1</sup>	Number of Workers Trained	Location of Training <sup>2</sup>	Length of Training (hrs)	Person Performing Training <sup>3</sup>	Frequency <sup>4</sup>
<u>R</u>	<u>6</u>	<u>B</u>	<u>1/4</u>	<u>B</u>	<u>C</u>

b.

Respirator type .....

Type of Re-training <sup>1</sup>	Number of Workers Re-trained	Location of Re-Training <sup>2</sup>	Length of Re-Training (hrs)	Person Performing Re-Training <sup>3</sup>	Frequency <sup>4</sup>

<sup>1</sup>Use the following codes to designate the type of training or re-training:

E = Emergency  
R = Routine

<sup>2</sup>Use the following codes to designate the location of training or re-training:

A = Outside plant instruction  
B = In-house classroom instruction  
C = On-the-job  
D = Other (specify) \_\_\_\_\_

<sup>3</sup>Use the following codes to designate the person who performs the training or re-training:

A = Plant industrial hygienist  
B = Supervisor  
C = Foreman  
D = Other (specify) \_\_\_\_\_

<sup>4</sup>Use the following codes to designate the frequency of respirator training or re-training:

A = Monthly  
B = Fixed monthly  
C = Other (specify) 2 TIMES PER YEAR

☐ Mark (X) this box if you attach a continuation sheet.

9.18 For each type of personal protective clothing and safety equipment used when working with the listed substance, indicate whether you have conducted a permeation test on the clothing or equipment for the listed substance.

### Clothing and Equipment

Permeation Tests Conducted  
(Y/N)

## Coveralls

$$N$$

Bib apron

2

## Gloves

N

Other (specify)

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type ..... REBOND FOAM CARPET PAD MANUFACTURING  
Work area ..... BINDER & MOLDING MANUFACTURING

MARK AREAS WITH WARNING SIGNS.

INSURE WORKER DETECTION AND MONITORING PRACTICES

PROVIDE WORKER TRAINING PROGRAMS

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area .....

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping	_____	_____	_____	_____
Vacuuming	_____	_____	_____	_____
Water flushing of floors	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.



9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes ..... 1

No ..... 2

Emergency exposure

Yes ..... 1

No ..... 2

If yes, where are copies of the plan maintained?

Routine exposure: \_\_\_\_\_

Emergency exposure: \_\_\_\_\_

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ..... ①

No ..... 2

If yes, where are copies of the plan maintained? OFFICE

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes ..... ①

No ..... 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist ..... 1

Insurance carrier ..... 2

OSHA consultant ..... 3

Other (specify) ..... 4

☐ Mark (X) this box if you attach a continuation sheet.

9.24 Who is responsible for safety and health training at your facility? Circle the appropriate response.

Plant safety specialist ..... *NA* ..... 1  
Insurance carrier ..... 2  
OSHA consultant ..... 3  
Other (specify) \_\_\_\_\_ 4

9.25 Who is responsible for the medical program at your facility? Circle the appropriate response.

Plant physician ..... *NA* ..... 1  
Consulting physician ..... 2  
Plant nurse ..... 3  
Consulting nurse ..... 4  
Other (specify) \_\_\_\_\_ 5

☐ Mark (X) this box if you attach a continuation sheet.

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SECTION 10 ENVIRONMENTAL RELEASE

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General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

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PART A GENERAL INFORMATION

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10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ..... 1
- Urban area ..... 2
- Residential area ..... 3
- Agricultural area ..... 4
- Rural area ..... 5
- Adjacent to a park or a recreational area ..... 6
- Within 1 mile of a navigable waterway ..... 7
- Within 1 mile of a school, university, hospital, or nursing home facility ..... 8
- Within 1 mile of a non-navigable waterway ..... 9
- Other (specify) \_\_\_\_\_ 10

---

☐ Mark (X) this box if you attach a continuation sheet.

---

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 036 ° 05 ' 50 "

Longitude ..... 079 ° 46 ' 44 "

UTM coordinates ..... Zone \_\_\_\_\_, Northing \_\_\_\_\_, Easting \_\_\_\_\_

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... NR inches/year

Predominant wind direction ..... NR

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... NR meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

<input type="checkbox"/>	On-Site Activity	Environmental Release		
		Air	Water	Land
	Manufacturing			
	Importing			
	Processing	<u>Y</u>	<u>N</u>	<u>N</u>
	Otherwise used			
	Product or residual storage			
	Disposal			
	Transport			

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐ Quantity discharged to the air ..... less than 1 kg/yr  $\pm$  unk %

Quantity discharged in wastewaters ..... 0 kg/yr  $\pm$  \_\_\_\_\_ %

Quantity managed as other waste in on-site treatment, storage, or disposal units ..... 0 kg/yr  $\pm$  \_\_\_\_\_ %

Quantity managed as other waste in off-site treatment, storage, or disposal units ..... 0 kg/yr  $\pm$  \_\_\_\_\_ %

☐ Mark (X) this box if you attach a continuation sheet.



10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAO MANUFACTURING

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>
<u>7A, 7B, 7Q</u>	<u>NONE USED</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type ..... REBOND FOAM CARPET PAD MANUFACTURING

Point Source  
ID Code

Description of Emission Point Source

70

PREPOLYMER & FOAM BLENDER - OPEN

7Q

STEAM VENT <sup>FAN</sup> (MAY CONTAIN TDI)

☐ Mark (X) this box if you attach a continuation sheet.



☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Physical State <sup>1</sup>	Average Emissions (kg/day)	Frequency <sup>2</sup> (days/yr)	Duration <sup>3</sup> (min/day)	Average Emission Factor <sup>4</sup>	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
70	V	<0.01	240	960	UNK	UNK	UNK	UNK
7Q	V	<0.01	240	960	UNK	UNK	UNK	UNK

<sup>1</sup>Use the following codes to designate physical state at the point of release:

G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) \_\_\_\_\_

<sup>2</sup>Frequency of emission at any level of emission

<sup>3</sup>Duration of emission at any level of emission

<sup>4</sup>Average Emission Factor -- Provide estimated ( $\pm$  25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) <sup>1</sup>	Building Width(m) <sup>2</sup>	Vent, Type <sup>3</sup>
70	8	1	25		8	64	H
7Q	8	1	95		8	64	H

<sup>1</sup>Height of attached or adjacent building

<sup>2</sup>Width of attached or adjacent building

<sup>3</sup>Use the following codes to designate vent type:

H = Horizontal  
V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code .....

Size Range (microns)

Mass Fraction (%  $\pm$  % precision)

< 1

$\geq 1$  to < 10

$\geq 10$  to < 30

$\geq 30$  to < 50

$\geq 50$  to < 100

$\geq 100$  to < 500

$\geq 500$

NA

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... REBOND FOAM CARPET PAD MANUFACTURING  
 Percentage of time per year that the listed substance is exposed to this process type ..... 44 %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals <sup>1</sup>						
Packed						
Mechanical						
Double mechanical <sup>2</sup>						
Compressor seals <sup>1</sup>						
Flanges						
Valves						
Gas <sup>3</sup>						
Liquid						
Pressure relief devices <sup>4</sup> (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines <sup>5</sup> (e.g., purge, vent)						
Gas						
Liquid						

<sup>1</sup>List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

<sup>2</sup>If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

<sup>3</sup>Conditions existing in the valve during normal operation

<sup>4</sup>Report all pressure relief devices in service, including those equipped with control devices

<sup>5</sup>Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

[ ]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel <sup>1</sup>	c. Control Device	d. Estimated Control Efficiency <sup>2</sup>
1	100	Rupture Disc	100%
2	100	NONE	0%

<sup>1</sup>Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

<sup>2</sup>The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type .....

<u>Equipment Type</u>	<u>Leak Detection</u>	<u>Detection Device<sup>1</sup></u>	<u>Frequency of Leak Detection (per year)</u>	<u>Repairs Initiated (days after detection)</u>	<u>Repairs Completed (days after initiated)</u>
	<u>Concentration (ppm or mg/m<sup>3</sup>) Measured at _____ Inches from Source</u>				
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

<sup>1</sup>Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type <sup>1</sup>	Floating Roof Seals <sup>2</sup>	Composition of Stored Materials <sup>3</sup>	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Vessel Volume (l)	Operating Vessel Emission Controls <sup>4</sup>	Design Flow Rate <sup>5</sup>	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate <sup>6</sup>
P	NA	100%	185,000	50	133	2.4	3.3	30,000	RELIEF VALVE	50 gpm	12	100	C

<sup>1</sup>Use the following codes to designate vessel type:

F = Fixed roof  
 CIF = Contact internal floating roof  
 NCIF = Noncontact internal floating roof  
 EFR = External floating roof  
 P = Pressure vessel (indicate pressure rating)  
 H = Horizontal  
 U = Underground

<sup>2</sup>Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary  
 MS2 = Shoe-mounted secondary  
 MS2R = Rim-mounted, secondary  
 LM1 = Liquid-mounted resilient filled seal, primary  
 LM2 = Rim-mounted shield  
 LMW = Weather shield  
 VM1 = Vapor mounted resilient filled seal, primary  
 VM2 = Rim-mounted secondary  
 VMW = Weather shield

<sup>3</sup>Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

<sup>4</sup>Other than floating roofs

<sup>5</sup>Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

<sup>6</sup>Use the following codes to designate basis for estimate of control efficiency:

C = Calculations  
 S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm)
1				
2				
3				
4				
5				
6				

NONE

STOP

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitation (Y/N)
1					
2					
3					
4					
5					
6					

NR

☐ Mark (X) this box if you attach a continuation sheet.